

CITIZEN'S CAPITAL PROJECT REQUEST
TOWN OF ANDOVER
CAPITAL IMPROVEMENT PROGRAM FY2007– FY2011

PROJECT NAME: _____

PROJECT REQUEST AMOUNT (estimated cost) \$ _____

WHAT FISCAL YEAR ARE YOU REQUESTING APPROPRIATION FOR:

FY2007 (Starts 8/1/06) ____ FY2008 ____ FY2009 ____ FY2010 ____ FY2011 ____

Submitted by: _____

Address: _____

Telephone #: _____ E-Mail: _____

Date Submitted/Revised: _____

<u>Project Description & Specifics:</u> (What are you requesting to build, repair or purchase? Where is the location? How was cost estimated?, etc.)

<u>Project Justification and Purpose:</u> (Why is project needed? Who benefits? Do any cost savings result?)

<u>Estimated Annual Cost of Operation and Maintenance:</u> (Any future costs associated with request?)

PLEASE RETURN BY SEPTEMBER , 2005 TO: DEPARTMENT OF FINANCE AND BUDGET, ANDOVER TOWN OFFICES, 36 BARTLET ST 01810 (For questions, please call Anthony Torrasi, Finance Director, at 978-623-8219)